

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

In re:

GEORGE ANTHONY MACKLIN

Debtor(s)

Case No. 16-02186

CHAPTER 13 STANDING TRUSTEE'S FINAL REPORT AND ACCOUNT

Tom Vaughn, chapter 13 trustee, submits the following Final Report and Account of the administration of the estate pursuant to 11 U.S.C. § 1302(b)(1). The trustee declares as follows:

- 1) The case was filed on 01/25/2016.
- 2) The plan was confirmed on 03/08/2016.
- 3) The plan was modified by order after confirmation pursuant to 11 U.S.C. § 1329 on 04/25/2017.
- 4) The trustee filed action to remedy default by the debtor in performance under the plan on NA.
- 5) The case was dismissed on 12/12/2017.
- 6) Number of months from filing to last payment: 21.
- 7) Number of months case was pending: 24.
- 8) Total value of assets abandoned by court order: NA.
- 9) Total value of assets exempted: NA.
- 10) Amount of unsecured claims discharged without payment: \$0.00.
- 11) All checks distributed by the trustee relating to this case have cleared the bank.

Receipts:

Total paid by or on behalf of the debtor \$10,253.00
Less amount refunded to debtor \$0.00

NET RECEIPTS: \$10,253.00

Expenses of Administration:

Attorney's Fees Paid Through the Plan \$2,905.67
Court Costs \$0.00
Trustee Expenses & Compensation \$442.82
Other \$0.00

TOTAL EXPENSES OF ADMINISTRATION: \$3,348.49

Attorney fees paid and disclosed by debtor: \$440.00

Scheduled Creditors:

Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Int. Paid
ADVOCATE MEDICAL GROUP	Unsecured	6,000.00	NA	NA	0.00	0.00
AMERICASH LOANS LLC	Unsecured	1,000.00	1,082.28	1,082.28	0.00	0.00
ANDINA & IRABAGON	Unsecured	250.00	NA	NA	0.00	0.00
CAPITAL ONE BANK USA	Unsecured	350.00	310.10	310.10	0.00	0.00
CARDIOVASCULAR ASSOC	Unsecured	610.00	NA	NA	0.00	0.00
CITY OF CHICAGO DEPT OF REVENUE	Unsecured	1,000.00	714.00	714.00	0.00	0.00
COMCAST	Unsecured	300.00	NA	NA	0.00	0.00
CONSULTANTS IN CLINICAL PATHOLOGY	Unsecured	1,040.00	NA	NA	0.00	0.00
CONSUMER PORTFOLIO SERVICE	Secured	8,675.00	15,900.00	15,900.00	5,794.28	1,110.23
CONSUMER PORTFOLIO SERVICE	Unsecured	7,225.00	2,007.22	2,007.22	0.00	0.00
COOK COUNTY HEALTH & HOSPITAL	Unsecured	90.00	NA	NA	0.00	0.00
COOK COUNTY RADIOLOGY	Unsecured	700.00	NA	NA	0.00	0.00
DR ASHRAF ABOURAHMA	Unsecured	325.00	NA	NA	0.00	0.00
EMP OF CHICAGO LLC	Unsecured	1,150.00	NA	NA	0.00	0.00
EVERGREEN EMERGENCY SERVICES	Unsecured	650.00	NA	NA	0.00	0.00
FIRST AMERICAN BANK	Unsecured	600.00	560.01	560.01	0.00	0.00
FIRSTSOURCE ADVANTAGE LLC	Unsecured	400.00	NA	NA	0.00	0.00
GI Associates	Unsecured	210.00	NA	NA	0.00	0.00
ILLINOIS COLLECTION SERVICE	Unsecured	690.00	NA	NA	0.00	0.00
KATHERINE HARRIS	Priority	0.00	NA	NA	0.00	0.00
LCMH Hospital Group	Unsecured	410.00	NA	NA	0.00	0.00
LITTLE COMPANY OF MARY	Unsecured	7,500.00	NA	NA	0.00	0.00
LVNV FUNDING	Unsecured	NA	620.43	620.43	0.00	0.00
PROVIDENT HOSPITAL	Unsecured	200.00	NA	NA	0.00	0.00
PULMONARY CONSULTANTS	Unsecured	300.00	NA	NA	0.00	0.00
RADIOLOGY IMAGING CONSULTANTS	Unsecured	1,400.00	NA	NA	0.00	0.00
Regional Acceptance Co	Unsecured	11,100.00	NA	NA	0.00	0.00
Regional Recovery Service	Unsecured	275.00	NA	NA	0.00	0.00
REMI CORPORATION INC	Unsecured	450.00	NA	NA	0.00	0.00
SANDEEP CHANDRA MD	Unsecured	850.00	NA	NA	0.00	0.00
SHINEKA YOUNG	Unsecured	4,500.00	NA	NA	0.00	0.00

Scheduled Creditors:

Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Int. Paid
SLM FINANCIAL CORP	Unsecured	0.00	NA	NA	0.00	0.00
SOUTHWEST NEPHROLOGY	Unsecured	500.00	NA	NA	0.00	0.00
ST MARGARET MERCY HEALTH CTF	Unsecured	7,000.00	NA	NA	0.00	0.00
STROGER HOSPITAL	Unsecured	6,600.00	NA	NA	0.00	0.00
SYNCHRONY BANK	Unsecured	0.00	NA	NA	0.00	0.00
SYNCHRONY BANK	Unsecured	0.00	NA	NA	0.00	0.00
THE CARDIOLOGY GROUP INC	Unsecured	350.00	NA	NA	0.00	0.00
US DEPT OF ED NAVIENT SOLUTION	Unsecured	60,450.00	62,253.63	62,253.63	0.00	0.00
WALMART	Unsecured	500.00	NA	NA	0.00	0.00
WHY NOT LEASE IT	Unsecured	1.00	1,155.00	1,155.00	0.00	0.00

Summary of Disbursements to Creditors:

	<u>Claim Allowed</u>	<u>Principal Paid</u>	<u>Interest Paid</u>
Secured Payments:			
Mortgage Ongoing	\$0.00	\$0.00	\$0.00
Mortgage Arrearage	\$0.00	\$0.00	\$0.00
Debt Secured by Vehicle	\$15,900.00	\$5,794.28	\$1,110.23
All Other Secured	\$0.00	\$0.00	\$0.00
TOTAL SECURED:	\$15,900.00	\$5,794.28	\$1,110.23
Priority Unsecured Payments:			
Domestic Support Arrearage	\$0.00	\$0.00	\$0.00
Domestic Support Ongoing	\$0.00	\$0.00	\$0.00
All Other Priority	\$0.00	\$0.00	\$0.00
TOTAL PRIORITY:	\$0.00	\$0.00	\$0.00
GENERAL UNSECURED PAYMENTS:	\$68,702.67	\$0.00	\$0.00

Disbursements:

Expenses of Administration	<u>\$3,348.49</u>	
Disbursements to Creditors	<u>\$6,904.51</u>	
TOTAL DISBURSEMENTS :		<u>\$10,253.00</u>

12) The trustee certifies that, pursuant to Federal Rule of Bankruptcy Procedure 5009, the estate has been fully administered, the foregoing summary is true and complete, and all administrative matters for which the trustee is responsible have been completed. The trustee requests a final decree be entered that discharges the trustee and grants such other relief as may be just and proper.

Dated: 01/11/2018

By: /s/ Tom Vaughn

Trustee

STATEMENT: This Unified Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.